



KENTUCKY BOARD OF ALCOHOL AND DRUG COUNSELORS

P.O. Box 1360, Frankfort, Kentucky 40602 ~ 500 Mero Street [911 Leawood Drive], Frankfort,
Kentucky 40601

Phone (502) 782-8814 ~ <http://adc.ky.gov>

SUPERVISION ANNUAL REPORT

SUPERVISEE INFORMATION

First Name

Middle Name

Last Name

/ /
Social Security Number

() -
Home Telephone

() -
Work Telephone

Street Address

Email Address

Peer Support/Certification/License Number

City

State

Zip Code

In the past year, I have completed _____ hours of [~~video conferencing or tele-conferencing~~] supervision during the designated reporting time period.

[In the past year, I have completed _____ hours of ~~face-to-face~~ supervision during the designated reporting time period.]

SUPERVISOR INFORMATION

First Name

Middle Name

Last Name

Street Address

Email Address

City

State

Zip Code

() -
Telephone Number

Type of Cert./ License Held

Cert./Lic.Number

/ /
Date of issue (attach a copy)

/ /
Expiration Date (Attach a copy)

INFORMATION RELATED TO SUPERVISED EXPERIENCE

Please complete a separate form for each setting

Applicant Name

Organization or Agency

Street Address of Organization or Agency

City

State

Zip Code

I am seeing my supervisor at least 2 hours ~~[every]~~ 2 times a month~~[weeks]~~ ☐ Yes ☐ No

I, as the supervisee, affirm that all information provided by me on this form is true and accurate and I affirm the following:

That I have read the board Law and Regulations related to supervised experience and that all supervised experience will be completed in accordance with board rules;

That I will meet with my supervisor two hours two times a~~[approximately four hours per]~~ month of documented supervised experience;

That I will abide by all rules of the board, including ethics requirements;

That I notify the board if this supervisory arrangement is terminated; and

That I understand any additional supervisors and settings shall be approved by the board in advance.

Signature of Applicant

Date

Signature of Supervisor

Date

**THE SUPERVISOR AND SUPERVISEE SHOULD KEEP A
COPY OF THIS FORM FOR RECORDS**